

**HARVARD UNIVERSITY HEALTH SERVICES
NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. HARVARD UNIVERSITY HEALTH SERVICES ("HEALTH SERVICES") IS COMMITTED TO PROTECTING THE PRIVACY OF OUR PATIENTS.

We understand that your medical information is personal, and that protecting that information is important. We are required by law to maintain the privacy of your medical information, to give you this notice of our legal duties and our privacy practices regarding your medical information, and to follow the terms of this notice.

To Students:

Although the Health Insurance Portability and Accountability Act privacy regulations do not apply to your medical records, those records are protected under state privacy laws, other federal laws, and in most instances will be treated in the same manner described in the HUHS' Notice of Privacy Practices. In particular, Harvard College and Harvard Summer School students should note that there are special student privacy rights that apply to them that are described in their schools' student handbooks. To the extent that any conflict exists between the privacy rights contained in this notice and the privacy rights contained in those handbooks with respect to Harvard College and Harvard Summer School students, the privacy rights contained in the handbooks will control.

II. WHO WILL FOLLOW THIS NOTICE:

This notice applies to Health Services, all its departments and units, including our satellite clinics at the Business School, the Law School, and the Medical Area. It applies to our employees, physicians and other clinicians, trainees, and volunteers.

III. USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION WITHOUT YOUR WRITTEN CONSENT OR AUTHORIZATION:

The following categories show the different ways we may use and disclose to others your medical information without obtaining your written consent or authorization. For each category we give some examples, but not every use or disclosure in a category is listed. Your medical information will not be used or disclosed without your written consent or authorization for purposes other than those described in this Section. Section IV and Section V of this notice describe our policy regarding uses and disclosures of your medical information that we do require your consent or authorization.

- A. **Use and Disclosures For Treatment, Payment and Healthcare Operations.** In general, we may use your medical information to treat you, obtain payment for services provided to you and to conduct our "healthcare operations" (as detailed below) without your written consent or authorization.
- i. **For Treatment:** Your medical information may be used by us to provide you with medical treatment or services - for example, to diagnose and treat your injury or illness. We may share information about you with Health Services' doctors, nurses, technicians, or other healthcare professionals involved in taking care of you. We may also share your medical information with non-Health Services' healthcare providers without your consent in an emergency situation. In addition, we may contact you via telephone/voice mail or letter to remind you that you have an upcoming appointment for an office visit, lab test, or other treatment. We may also tell you about alternative treatments or health-related services that may be of interest to you.
 - ii. **For Payment:** Your medical information may be used by us so that we can receive payment from you, your insurance company, or a third party for providing you with needed healthcare services.
 - iii. **For Healthcare Operations.** Your medical information may be used for our "healthcare operations" which include our internal administration and planning and various activities that improve the quality and cost-effectiveness of the care that we deliver to you. For example, we may use your medical information to evaluate the quality and competence of our physicians, nurses and other health care workers, and we may provide medical information to our Privacy Officer in order to resolve any complaints you may have. In addition, your medical information may be disclosed by us for certain types of our healthcare operations, including any peer review or utilization review activities we undertake.
- B. **Use and Disclosure For Other Reasons.** In addition to payment, treatment and healthcare operations, we may use or disclose your medical information without your written consent or authorization for purposes such as the following:
- i. **Research:** We may use and disclose medical information about you when a waiver of authorization is obtained from an Institutional Review Board. Otherwise, we will only use or disclose your information for research with your written authorization. However, we may use your medical information to identify you as a potential research study subject, but will not conduct any research without a proper authorization from you or a waiver of authorization from an Institutional Review Board.
 - ii. **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious danger to you or others. Any disclosure, however, would only be to someone able to help prevent the threat.
 - iii. **Organ and Tissue Donation:** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

- iv. **Military and Veterans:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.
- v. **Workers' Compensation:** We may release medical information about you to your employer and/or the Massachusetts Industrial Accident Board as required under Massachusetts law addressing work-related illnesses and injuries or workplace medical surveillance. We do require that you sign an authorization for this purpose.
- vi. **Public Health Risks:** We may disclose medical information about you for the following public health activities: to report health information to public health authorities for the purpose of preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products and services under the jurisdiction of the U.S. Food and Drug Administration; if we know or have reason to believe that you are infected with a venereal disease, to alert (a) your fiancé, if you are engaged or your spouse, if you are married, (b) your parent or guardian if you are a minor, unless as a minor you have sought treatment with us for such venereal disease; to report information related to the birth and subsequent health of an infant to state government agencies; to file a death certificate and report fetal deaths; and to notify the appropriate government authority if we believe you are a victim of child abuse or neglect, an elderly victim of abuse, a disabled victim of abuse, or a victim of rape or sexual assault.
- vii. **Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs (such as Medicare and Medicaid), and compliance with civil laws.
- viii. **Lawsuits and Disputes:** We may disclose medical information about you in response to a subpoena if you are a named party in a lawsuit. In addition, we may also disclose your medical information in response to a lawful order from a court. We will take reasonable steps to notify you or your attorney before responding to such requests.
- ix. **Law Enforcement:** We may release medical information as part of law enforcement activities: in investigations of criminal conduct or of victims of crime; in response to court orders; in emergency circumstances; or when required to do so by law.
- x. **Coroners, Medical Examiners and Funeral Directors:** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of Health Services to funeral directors as necessary to carry out their duties.
- xi. **National Security:** We may release medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct

- special investigations, or for intelligence, counterintelligence, and other national security activities authorized by law.
- xii. **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you in limited circumstances.
 - xiii. **As Required By Law:** We will disclose medical information about you when required to do so by federal, state, or local law.

IV. DISCLOSURES REQUIRING YOUR CONSENT.

A. **Disclosures of Your Medical Information For Treatment, Payment and Health Care Operations.** With your written consent, we may disclose your medical information in order to treat you, obtain payment for services provided to you and conduct our health care operations as detailed below:

- i. **For Treatment.** We may disclose your medical information to non-HUHS providers to provide treatment and other services to you. For example, a non-HUHS doctor treating you for a broken leg may need to know if you have diabetes since that could affect the healing process. Other non-HUHS health care professionals may need to share your information to coordinate your care with people outside Health Services such as for prescriptions, lab work, and x-rays.
- ii. **For Payment:** Your medical information may be disclosed by us outside of HUHS so that we can receive payment from you, your insurance company, or a third party for providing you with needed healthcare services. For example, your insurance company may need to know about your visit to the physical therapist so that it will pay us or reimburse you. We may also disclose your information to obtain prior approval for your care or to determine if your insurance policy will cover the treatment.
- iii. **For Healthcare Operations:** We may disclose your medical information outside of HUHS for our health care operations purposes. We may also disclose your medical information to other healthcare providers to conduct certain healthcare operations with other healthcare providers, such as quality assessment and improvement activities and reviewing the quality and competence of healthcare professionals.

If your medical information contains psychotherapy notes, we may not disclose those psychotherapy notes for any purpose without your written authorization, as described in Section VI, below.

B. **Other Disclosures Requiring Your Consent:**

Stillman Infirmary Directory: We may give to callers limited information about you (name, room number, general condition such as "fair") in our directory while you are a patient in Stillman Infirmary, unless you ask us not to do so.

Individuals involved in your care: With your consent (verbal or written) we may release information about you (except Highly Confidential Information) to a family member or friend who is involved in your care. We may also release information

about you to such an individual in a medical emergency without your consent if you are incapacitated.

- C. Disclosures of Your Highly Confidential Information.** Federal and state law require special privacy protections for certain highly confidential information about you ("Highly Confidential Information"), including the subset of your medical information that: (1) is about HIV/AIDS status; (2) is about genetic testing; (3) is related to confidential communications with a psychotherapist, psychologist, social worker, allied mental health professional, or human services professional; (4) is about substance abuse (alcohol or drug); (5) is about venereal disease(s); (6) is an abortion consent form(s); (7) constitutes mammography records; (8) is about the treatment or diagnosis of emancipated minors; (9) is about research involving controlled substances. In order for us to disclose your Highly Confidential Information for a purpose related to payment, treatment, or health care operations, we must obtain your separate, specific consent to disclose such information, unless we are otherwise permitted by law to make such disclosure.

If you are an emancipated minor, certain information relating to your treatment or diagnosis may also be considered "Highly Confidential Information", and therefore will not be disclosed to your parent or guardian without your consent. Your consent is not required, however, if a physician reasonably believes your condition to be so serious that your life or limb is endangered. Under such circumstances, the physician may notify your parents or legal guardian of the condition, and shall inform you of this notification.

Please note that if you are a parent or legal guardian of an emancipated minor, certain portions of the emancipated minor's medical record may not be accessible to you (for example, abortion information, venereal disease information). In addition, portions of a minor's records relating to drug dependency medical services (excluding methadone maintenance therapy) will not be available to you, regardless of whether the minor is emancipated.

V. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION REQUIRING YOUR WRITTEN AUTHORIZATION.

- A. Use or Disclosure with Your Authorization.** For any purpose other than the ones described in Section III (for which no consent or authorization is required) and Section IV (for which your consent is required), we only may use or disclose your medical information when you give us your written authorization.
- B. Use and Disclosure of Your Highly Confidential Information.** Please refer to Section IV.C above for information about our use and disclosure of your Highly Confidential Information. In order for us to disclose your Highly Confidential Information for a purpose other than payment, treatment, or health care operations, the authorization must specifically permit us to disclose such Highly Confidential Information, unless we are otherwise permitted by law to make such disclosure.

VI. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding your own medical information:

- A. **Right to Revoke Authorization.** You may revoke your authorization or any written authorization obtained in connection with your Highly Confidential Information, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Privacy Officer identified below.
- B. **Right to Inspect and Copy:** You have the right to have access to and to make a copy of your medical record file and billing records maintained by us. All requests for access must be made in writing and submitted to the Medical Records Department or to a representative at one of the Satellite Clinics where your record is maintained. If you request a copy of the information, we may charge a fee for the costs of copying and postage. Under limited circumstances, we may deny your request to access and copy your information.
- C. **Right to Request Amendment:** If you feel that medical information we have about you in your medical record file or billing record is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing and submitted to our Privacy Officer. In addition, you must provide a reason that supports your request. You may obtain a form for this purpose from the Privacy Officer. We may deny your request for an amendment if the information contained in your medical record file or billing record is accurate and complete or if other special circumstances apply.
- D. **Right to an Accounting of Disclosures:** You have the right to an "accounting of certain disclosures." This is a list or report of the disclosures we made of medical information about you for reasons other than your treatment, payment or healthcare operations and for which you did not sign an authorization. To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer. Your request must state a time period that may not be longer than six years prior to the request date and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists during the same 12-month period, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.
- E. **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care, such as a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to our Privacy Officer. In your request, you must state (1) what use or disclosure you want to limit, (2) what information you want to limit, and/or (3) to whom you want the limits to apply. No agreement to comply with a requested restriction shall be effective unless an authorized representative of HUHS signs the agreement.

- F. **Right to Request Confidential Communications:** You have the right to request and we will accommodate any reasonable written request to receive medical information by alternatives means of communication or alternative locations.
- G. **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice at any time, even if you have agreed to receive this notice electronically. To obtain a paper copy of this notice, please request one from our Medical Records Department.

VII. CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice. The notice will contain the effective date in the top right-hand corner of the first page.

VIII. COMPLAINTS

If you believe your privacy rights have been violated or we are not in compliance with these privacy practices, you may file a complaint with our Patient Advocate or Privacy Officer at the address listed below or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. The Privacy Officer and HUHS will investigate all complaints. You will not be penalized in any way for making a complaint.

Complaints filed with the Secretary of the Department of Health and Human Services must be in writing and must be sent within 180 days of when you knew (or should have known) that the act or omission occurred. Your letter must include the name of the hospital or provider and a description of the acts or omissions that you believe are in violation of privacy requirements.

IX. CONTACT INFORMATION

To request any of the above rights, or for further information about this notice, please contact us as directed above:

HUHS Patient Advocate	HUHS Privacy Officer	Secretary
Harvard University Health Services	Harvard University Health Services	The U.S. Department of Health and Human Services
75 Mount Auburn Street	75 Mount Auburn Street	200 Independence Avenue
Cambridge, MA 02138	Cambridge, MA 02138	S.W. Washington, D.C. 20201
Telephone: 617-495-7583	Telephone: 617-496-1630	Telephone: 202-619-0257